

## FORM FMC-78

PLEASE TYPE OR PRINT

## NVOCC SERVICE ARRANGEMENT REGISTRATION

(SEE ATTACHED INSTRUCTIONS)

1. Organization No.

2. Registrant

Full Legal Name of firm (or individual, if not a firm)

(Doing Business As or Trade Name)

3.a. NVOCC OTI License No. \_\_\_\_\_ Effective date: \_\_\_\_\_

MM/DD/YYYY

OR b. If foreign-based unlicensed NVOCC, provide the following information for agent for service of process:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

4. This Registration is: ☐ Initial ☐ Amendment (Specify change)

5. Headquarters

Address

(Number and Street) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone(Number and Street) \_\_\_\_\_ ( ) \_\_\_\_\_  
Fax

(City/State/Zip/Country) \_\_\_\_\_ (Federal TIN Number, if any) \_\_\_\_\_ E-Mail (optional) \_\_\_\_\_

6. Mailing Address (If different)

c/o name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Email (optional) \_\_\_\_\_

7. Person(s) to be granted registration. Please list individual(s) for whom a log-on identifier is requested. If this is a transfer of log-on, please list the existing name and existing log-on ID:

Name: \_\_\_\_\_ Existing Log-on: \_\_\_\_\_

8. Is the person listed in question 7 a third party? (check one) ☐ Yes ☐ No If yes, a letter of authority must be submitted with this form.

9.

Signature of Authorized Official

Print or type name of Authorized Official

date (MM/DD/YYYY)

Title of Authorized Official

FMC USE ONLY